

# Sample Profile For Assignment To MED HOLD Company

<b>PHYSICAL PROFILE</b> For use of this form see AR 40-501; the proponent agency is the Office of the Surgeon General.											
1. MEDICAL CONDITION (Description in lay terminology) Chronic Low Back Pain with Herniated Disc				<input checked="" type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?		2. CODES (Table 72 AR 40-501)		3. <div style="display: flex; justify-content: space-between;"> <span>Temporary</span> <span>Permanent</span> </div>		<div style="display: flex; justify-content: space-around;"> <span>P</span><span>U</span><span>L</span><span>H</span><span>E</span><span>S</span> </div>	<div style="display: flex; justify-content: space-around;"> <span>3</span><span>1</span><span>3</span><span>1</span><span>1</span><span>1</span> </div>
4. PROFILE TYPE								YES	NO		
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) _____ (Limited to 3 months duration)									X		
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)								X			
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? (IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)								Needs MMRB	Needs MEB/PMB		
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a) is NO then the profile should be at least a 3)											
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON									X		
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. Includes helmet, boots, uniform LBE, weapon, protective mask, pack, etc.)									X		
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT								X			
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sandbags, etc.)									X		
e. ABLE TO DO 35 SECOND PUSH-UPS UNDER DIRECT AND INDIRECT FIRE									X		
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?									X		
6. APFT		YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)				YES	NO		
2 MILE RUN			X	APFT WALK				NA	X		
APFT SIT-UPS			X	APFT SWIM				NA	X		
APFT PUSH-UPS			X	APFT BIKE				NA	X		
7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)											
UNLIMITED RUNNING				X	OR RUN AT OWN PACE & DISTANCE					X	
UNLIMITED WALKING				X	OR WALK AT OWN PACE & DISTANCE				X		
UNLIMITED BIKING				X	OR BIKE AT OWN PACE & DISTANCE				X		
UNLIMITED SWIMMING				X	OR SWIM AT OWN PACE & DISTANCE				X		
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)				X	9. LOWER BODY WEIGHT TRAINING (See FM 21-20)				X		
10. OTHER: eg. Functional limitations and capabilities and other comments (May continue on page 2) No run/ruck/jump/lift > 20lbs/sit ups/flutter kicks/ or activities that stress the lower back. PT OPAD, encourage swimming for PT PT HAS BEEN PROFILED FOR WELL OVER A YEAR FOR THIS CONDITION. RECOMMEND MEB.					11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED Lifting or carrying max weight _____ 20 _____ or _____ distance Running maximum distance _____ Prolonged standing - maximum time per episode _____ Marching with standard field gear except rucksack max distance _____ Impact activities such as jumping max # reps in one day _____						
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____											
12. TYPE NAME & GRADE OF PROFILING OFFICER EDWARD H. BAILEY, MAJ, MC					13. SIGNATURE			14. DATE (YYYYMMDD) 20050801			
15. ACTION BY APPROVING AUTHORITY					<input checked="" type="checkbox"/> APPROVED			<input type="checkbox"/> NOT APPROVED			
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY ANDREW J. KOSMOWSKI, LTC, MC, DIVISION SURGEON					17. SIGNATURE			18. DATE (YYYYMMDD) 20050801			
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501) THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT								YES	NO		
20. COMMENT											
If this is a permanent profile with a PULHEs serial of 3 or 4 refer to block 4c											
21. TYPE NAME & GRADE OF UNIT COMMANDER JOE COMBAT, CPT, IN COMMANDING					22. SIGNATURE			23. DATE (YYYYMMDD) 20050801			
24. PATIENT'S IDENTIFICATION (For typed or written entries give Name (Last, first); grade SSN; hospital or medical facility) DOE, JOHN L. SGT/E-5 123-45-6789					25. UNIT HHC, 1-87 IN 26. ISSUING CLINIC, PROVIDER EMAIL & PHONE NUMBER CTMC, FORT DRUM, NY (315) 772-3600/8411 EDWARD BAILEY  PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.						

# Sample LOD For Assignment To MED HOLD Company

<b>STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS</b> <small>For use on this form use AF 6038-1, the payment agency is DCSPER</small>			
<b>THRU:</b> <i>(Include ZIP Code)</i> 		<b>TO:</b> <i>(Include ZIP Code)</i> COMMANDER, 10th MTN DIV (LI) ATTN: AFZS-PR-CAC FORT DRUM, NY 13602	
<b>FROM:</b> <i>(Include ZIP Code)</i> COMMANDER: USA MEDDAC ATTN: MCID-PA FORT DRUM, NY 13602			
<b>1. NAME OF INDIVIDUAL EXAMINED</b> <i>(Last, First, and Middle Initial)</i> HOMER R. SIMPSON		<b>2. SSN</b> 001-02-003	<b>3. GRADE</b> E-5
<b>4. ORGANIZATION AND STATION</b> 2-112 IN BN, FORT DRUM, NY 13602		<b>5. ACCIDENT INFORMATION</b> <b>a. DATE</b> 18 FEB 2002 <b>b. PLACE</b> <i>(City and State)</i> Fort Drum, NY	
<b>SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR</b>			
<b>6. INDIVIDUAL WAS</b> <input type="checkbox"/> OUT PATIENT <input checked="" type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON		<b>7. NAME OF HOSPITAL OR TREATMENT FACILITY</b> <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY Guthrie Army Medical Clinic	
<b>8. HOUR AND DATE ADMITTED</b> 1800 18 FEB 2002		<b>9. HOUR AND DATE EXAMINED</b> 1930 18 FEB 2002	
<b>10. NATURE AND EXTENT OF</b> <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH ERGOPHOBIA			
<b>11. MEDICAL OPINION:</b> <b>a. INDIVIDUAL</b> <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input checked="" type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> DRUGS <i>(Specify)</i> <b>b. INDIVIDUAL</b> <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT MENTALLY SOUND <i>(Attach Psychiatric evaluation if appropriate)</i> <b>c. INJURY</b> <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE <b>d. INJURY</b> <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. <b>BASED ON OPINION:</b> <div style="text-align: right; padding-right: 50px;">PRESUMPTIVE</div>			
<b>12. THE FOLLOWING DISABILITY MAY RESULT</b> <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input checked="" type="checkbox"/> PERMANENT TOTAL		<b>13. BLOOD ALCOHOL TEST MADE</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>14. NO. OF MG ALCOHOL/100 ML BLOOD</b> NONE
<b>15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE</b> <i>(How, where, when)</i> On 18 FEB SM sustained psychiatric trauma while working on monthly USR report. There was no prior HX of psychiatric illness.			
<b>16. DATE</b> 19 MAY 2002	<b>17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR</b> JOAN P. SMITH, SPC, USA, PAD		<b>18. SIGNATURE</b> 
<b>SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER</b>			
<b>19. DUTY STATION</b> <input checked="" type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE		<b>20. HOUR AND DATE OF ABSENCE</b> <b>a. FROM</b> <b>b. TO</b>	
<b>21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY</b> <i>(Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>22. INDIVIDUAL WAS ON</b> <input checked="" type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY/TRAINING		<b>23. HOUR AND DATE OF TRAINING</b> <b>a. BEGAN</b> <b>b. ENDED</b>	
<b>24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING</b> <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING			
<b>25. MODE OF TRANSPORTATION</b>	<b>26. HOUR BEGINNING TRAVEL</b>	<b>27. DISTANCE INVOLVED</b>	<b>28. NORMAL TIME FOR TRAVEL</b>
<b>29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE</b> <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY			
<b>30. DETAILS OF ACCIDENT - REMARKS</b> <i>(If additional space is needed, continue on reverse) (Attach photocopies as necessary)</i> Based on a review of applicable medical documents, there is no evidence to suggest that alcohol, drug usage or misconduct contributed to the listed injury. Therefore the presumption of <b>IN LINE OF DUTY</b> applies. <b>BY THE AUTHORITY OF THE SECRETARY OF THE ARMY.</b>			
<b>31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY</b> <i>(Not applicable on deaths)</i> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>33. DATE</b> 18 Feb 2002	<b>34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER</b> BILLY BOB REDNECK, 1LT, MS, Chief, PAD		<b>35. SIGNATURE</b> 